MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. APPLICANT(S) FILING DATE

8-14-06

(FOR USE WITH FORM PTO-875)

CLAIMS

						C	CLAIM	S						
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT				AS FILED		AFTER 1"AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52				_		
3		رو						53 54						
4	· · ·					_		55						
<u>5</u>				-				56						
7							1	57						
8				-	**-			58						
9								59						
10								60						
11								61						
12			-		-			62						-
13 14								64						
15								65						
16								66						
17_								67						
18								68						
19						ļ		69						
20				<u> </u>				70 71						
21				<u> </u>			l	72						
22 23		-		-			i	73						
24		<u> </u>				<u> </u>	1	74						
25							1	75						
26							1	76				 		
27								77		<u> </u>		ļ		
28		<u> </u>					1	78 79						<u> </u>
29		ļ					ł	80				 		
30			-				i	81						
31			}	 		 	1	82						
33							i	83						
34]	84						
35							Į	85						-
36						 	ł	86 87	!			 		
37						ļ — — —		88			 			
38		<u> </u>		 		 	ł	89		 				
39 40		 	 	 		 	1	90						
41		t -	f				1	91						ļ
42				Ī <u>.</u>			1	92			 	ļ		
43						ļ	1	93	<u> </u>	 	_			-
44				 	!	<u> </u>	-	94	 			 	 	-
45	<u> </u>	 -	 	 		 	1	95 96	$\vdash \vdash \vdash$		 	 		
46		 	 	-	 	 	1	96	 	 				
47	 	 	┠┈			 	1	98	T					
49		 	1	t^{-}	1		1	99						
50								100						<u> </u>
TOTAL IND.	1	-		•		-		TOTAL IND.		■] ♣] ♣
TOTAL DEP.	3	—		—		+		TOTAL DEP.		4		+		(
TOTAL CLAIMS	4					11.00		TOTAL CLAIMS						
	60 (REV. 11/	04)	<u> </u>		Barbara	a Camph	ell, PCT		Stage		RTMENT of (Trademark O			
	(act 7. 11/													